



# Utah Immunization Program

## Quarterly Doses Administered Report

for Private Provider use

VFC Assigned Number

**VFC PIN #**

Provider or Clinic Name:	Phone #:
Name of Person Submitting Form:	Quarter /Year:

Total Number of <b>Individuals</b> Receiving Vaccines				
<u>Age</u>	<u>State Supplied</u>	<u>Vaccines for Children (VFC) Eligibility</u>		
	<b>Under-insured</b>	<u>Am. Indian / Alaskan Nat.</u>	<u>Medicaid</u>	<u>Non-insured</u>
<u>≤1</u>				
<u>1-6</u>				
<u>7-18</u>				
<u>Total</u>				

Total Number of <b>State Supplied Under-insured Doses</b> Administered											
Age	DTaP	DT	Td	DTaP/ HIB	HIB	eIPV	MMR	Hep B	Hep B/ HIB	Hep A	Vari- cella
< 1											
1-6											
7-18											
Total											

Total Number of <b>VFC Doses</b> Administered												
Age	DTaP	DT	Td	DTaP/ HIB	HIB	eIPV	MMR	Hep B	Hep B/ HIB	Hep A	Vari- cella	Pneum ococcal
< 1												
1-6												
7-18												
Total												

## **Instructions for Completing Quarterly Doses Administered Report**

Complete and submit this form to the Immunization Program within 15 days following the end of each quarter.

- 1<sup>st</sup> quarter:** January, February, March (Due April 15<sup>th</sup>)
- 2<sup>nd</sup> quarter:** April, May, June (Due July 15<sup>th</sup>)
- 3<sup>rd</sup> quarter:** July, August, September (Due October 15<sup>th</sup>)
- 4<sup>th</sup> quarter:** October, November, December (Due January 15<sup>th</sup>)

1. VFC Pin #. If you know your VFC PIN #, enter it; if not, please leave this space blank.
2. Print the name of clinic, the phone number, the quarter and year of this report and name of the person completing this form.
3. On the Total Number Receiving Vaccines table, enter the number of individuals who received vaccines, counted by visit/encounter. Place them in the proper age and eligibility columns.
4. On the Total Number of Under-insured Doses Administered table, enter the total number of doses administered to under-insured children, by age and vaccine type.
5. On the Total Number of VFC Doses Administered table, enter the total number of VFC doses administered by age and vaccine type.

**Use of Doses Administered Tally Sheet is Optional.  
Please do not return Tally Sheets.**

Mail or fax the Quarterly Doses Administered Report to:

Utah Department of Health  
Immunization Program  
PO Box 142001  
Salt Lake City, UT 84114-2001  
(801) 538-9450  
**FAX: (801) 538-9440**